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Country note**

Nigeria

Summary

The Executive Director presents the country note for Nigeria for a programme of cooperation for the period 2002 to 2007.

The situation of children and women

1. Nigeria, with its wealth of resources, returned to democratic governance in May 1999 after nearly four decades of mainly military rule. However, the legacy of prolonged mismanagement and deprivation of rights leaves the country ranked among the poorest 20 countries in the world, with well over half the nation living below the poverty line. Mortality rates remain unacceptably high; poor social services, debt burden and poverty combine to restrict development; protection of the vulnerable is yet to reach the majority; and participation of civil society, particularly youth and women, is still at very low levels. However, the programme environment for the country programme of cooperation has undoubtedly improved. Nigeria's international isolation is virtually over, with most development partners either re-engaging or increasing their support. Nigeria is at last exerting more positive regional and continental influence.

2. With an estimated 1999 population of 124 million (of which 59 million are under the age of 18), Nigeria is Africa's most populous nation. Gross domestic

* E/ICEF/2001/2.
** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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product per capita remains very low, at $310 (1999), and the infant mortality rate (IMR) and under-five mortality rate (U5MR) remain high, at 105 and 178 per 1,000 live births, respectively, in 1999, compared to 114 and 191 in 1995/96, and end-decade goals of 75 and 80, as set out in Nigeria's National Programme of Action (NPA). The maternal mortality rate (MMR) remains high, at 774 per 100,000 live births, as compared to 1,000 in 1995/96. Malaria kills more children and women than any other cause, and accounts for approximately 40 per cent of deaths.

3. Immunization coverage dropped from near 80 per cent in 1990 to 18 per cent by mid-decade, rising only to 27 per cent by 1999. Although National Immunization Days (NIDs) have been increasingly successful, polio eradication by 2002 remains a challenge. Dracunculiasis has not yet been eradicated. Only 13 per cent of infants 3 months of age were exclusively breastfed in 1999. An increase in wasting since 1996 among children under 5, from 8 per cent to 16 per cent, may well be a manifestation of the increase in poverty. Access to safe water increased, from 50 per cent in 1995/96 to 54 per cent in 1999, while sanitation coverage dropped from 57 per cent to 53 per cent. Net primary school enrolment declined from 60 per cent and 58 per cent (for boys and girls, respectively) in 1995/96, to 58 per cent and 53 per cent in 1999. A 1996 survey on minimum learning achievement confirmed low levels of numeracy (18 per cent) and literacy (39 per cent) among pupils completing grade four.

4. HIV/AIDS is a growing concern, with 5.4 per cent sero-prevalence in 1999 among women attending antenatal clinics (and 8.4 per cent among those 20 to 24 years of age, and as high as 21 per cent in one state). The implications for mother-to-child transmission (MTCT) and orphans are enormous. Exploitation and trafficking of children, child labour, early marriage of girls, street children, and harmful traditional practices (especially female genital mutilation (FGM), which ranges from 5 per cent in parts of the north to 98 per cent in parts of the south-east) are significant problems, many with regional implications. Focused studies are needed to fill data gaps. Effective youth participation and gender mainstreaming are also major challenges. Women occupy only 3 per cent of leading governance positions. Nigeria submitted its report on the Convention on the Elimination of All Forms of Discrimination against Women, but is still compiling its first progress report on the Convention on the Rights of the Child.

5. The situation of children and women varies considerably across regions. The 1999 IMR ranged from 45 per 1,000 in the south-west to 117 in the north-east, and gender disparity in education persists, with girls in the north less likely to receive education (mainly due to early marriage), and boys in the south-east more likely to be lured into apprenticeships. Access to and quality of social services are poorer in the north.

Lessons learned from past cooperation

6. The 1999 mid-term review (MTR) of the country programme noted that the general situation of children and women was better in the geographical and sectoral areas of programme concentration. Equitable cost-sharing and co-management of interventions, such as in the water and environmental sanitation sector, were effective. However, the anticipated catalytic effects of the programme were not realized, probably due to poor governance and related poverty. A key strategic issue

is, therefore, to ensure that the new programme promotes synergy of interventions and leverage of resources on a broader scale.

7. Judicious selection and focus of programme interventions remain critical to derive maximum impact from available resources and to meet the greatest needs; e.g., plans to reduce mortality rates during previous programmes did not sufficiently address malaria. While decentralized programme delivery was recognized as a means to ensure sufficient impact, resources were too evenly spread across wide geographic areas to address local disparities.

8. Focused sectoral approaches have demonstrated positive short-term impact, e.g., NIDs for immunization and ivermectin distribution for onchocerciasis control. However, programme sustainability requires more inter-sectorality and balance between: support at national, subnational and community/household levels; service delivery, capacity-building, advocacy and empowerment; and sharing responsibilities between programme partners. More systematic planning and capacity-building are needed for the progressive transition of responsibilities from UNICEF to the Government and civil society. Examples of sustainable achievements should be built upon, such as improved water and environmental sanitation facilities and hygiene education at schools; near-universal salt iodization (which halved goitre rates within five years); and mandatory fortification of flour, sugar and vegetable oil with vitamin A.

9. Mainly localized emergencies (e.g., epidemics, fires, floods and civil strife) indicate a need for strengthening emergency preparedness and response, and its integration within longer-term programming, on the basis of experience acquired through the UNICEF field offices and the recently established United Nations emergency coordinating group.

Proposed country programme strategy

10. The 2002-2007 country programme strategy has been developed from a detailed, rights-based situation assessment and analysis (SAA) of women and children, and in a complementary manner with the Common Country Assessment(CCA)/United Nations Development Assistance Framework (UNDAF) and Poverty Reduction Strategy Paper (PRSP)/Comprehensive Development Framework (CDF) processes. The SAA included key partners (from Government, civil society, academia, potential donors, the country team and the Bretton Woods institutions). The National Planning Commission (NPC) and UNICEF monitored preparation of required documentation, and observations from the Committee on the Rights of the Child have been fully considered.

11. The overall programme goal is to promote and protect the rights of Nigerian children and women, through enhancing the capacity and commitment of Government and civil society. The primary objectives are to contribute towards: (a) reducing IMR, U5MR and MMR by 10 per cent; (b) reducing geographical, sectoral and gender disparities in selected programme areas by at least 25 per cent; (c) timely achievement of national child rights goals that have global and/or regional implications (polio and dracunculiasis eradication, HIV/AIDS prevention, malaria control, micronutrient deficiency control, basic education, and access to safe water supply and sanitation); (d) operationalizing lessons from the two Conventions' reports and observations, especially those related to protection and participation;

ensuring preparedness for and response to local emergencies; and (f) increasing programme efficiency and effectiveness, especially via research, monitoring and evaluation.

12. The major strategy components are: (a) promoting a life cycle approach for children and women, especially through family/household-level activities; (b) integrating promotion of all rights and responsibilities; (c) supporting poverty alleviation and sector reform through collaboration with United Nations agencies, the Government and Bretton Woods institutions; (d) promoting participation, especially of women and youth, to increase local ownership and sustainability; (e) progressively building on gains in service delivery and capacity-building towards more advocacy and empowerment; (f) mainstreaming gender and urban basic services; (g) focusing community-based interventions in selected areas, based on available resources; (h) promoting leadership for a dynamic national alliance for children, including civil society and non-governmental organizations (NGOs) and the private sector; and (i) ensuring increased resource mobilization and optimal use of funds.

13. Programme objectives will be pursued through five interrelated programmes, the first four incorporating national and focused subnational interventions, with the fifth building community capacity to sustain the focused interventions. The *survival and early childhood care programme* will contribute to mortality reductions by: (a) fostering improved household/community practices for the use of insecticide-treated nets and home prevention/treatment of malaria, HIV/AIDS prevention/mitigation (including reducing MTCT), care for the sick child, promotion of baby-friendly initiatives (especially breastfeeding), and monitoring/reduction of malnutrition; (b) promoting an essential package of care (including revitalized immunization services, malaria control, the Integrated Management of Childhood Illness initiative, safe motherhood and vitamin A supplementation), via primary health care structures; and (c) providing rapid responses to emergencies.

14. The *integrated growth and development programme* will focus on children 6 to 12, contributing to at least 20 per cent improvement in net primary school enrolment, retention and educational attainment, as well as improving nutritional status in selected areas. This will be achieved by: (a) establishing more child-friendly (especially girl-friendly) schools through improved facilities and promotion of quality teaching and learning practices; (b) caring for children in need of special protection; (c) improving access to safe water and sanitation, focusing on community and neighbourhood groups, schools and health facilities; (d) supporting micronutrient (especially iodine) deficiency control, promoting best nutrition and care practices (including de-worming), and appropriate nutrition surveillance systems; and (e) providing more focused support for the eradication of dracunculiasis and control of onchocerciasis in endemic areas.

15. The *protection and youth participation programme* will address continued development, protection and participation among youths aged 13 to 18 by: (a) promoting HIV/AIDS awareness and control, especially through peer groups; (b) contributing to the elimination of the worst forms of child labour, in particular child trafficking, and the protection of children from sexual exploitation and FGM; (c) promoting the elaboration and implementation of appropriate social, economic, civil and penal rights legislation; and (d) promoting youth participation in programme development and implementation.

16. The *planning and communication programme* will support the programmes described above, and also focus on women over 18 and families, by: (a) analysing social statistics for advocacy, policy development and wide dissemination of data; (b) promoting relevant changes in individual behaviour and social norms, and developing communication packages, especially for women's empowerment and HIV/AIDS prevention; (c) supporting development of a new NPA and CCA/UNDAF/PRSP/CDF follow-up, in particular through SAA updates; (d) establishing and monitoring implementation of the integrated research, monitoring and evaluation plan for the country programme; and (e) developing sufficient emergency preparedness within the Federal Emergency Management Agency and its state counterparts.

17. The *community development programme* will comprise subnational, area-focused initiatives in up to 100 Local Government Areas (average population of 160,000), representing 13 per cent of the total population, managed and monitored through UNICEF offices in Abuja, Lagos, Kaduna, Bauchi and Enugu. These initiatives will be buttressed by implementation of the other programmes in a phased, convergent manner. The decentralized field office structure will be complemented by selective out-posting of staff, extending the reach of programme influence and responsiveness through state/LGA levels to communities, households and families.

18. A country programme management plan will determine the best UNICEF office/staff structure to ensure responsiveness to disparity reduction and ensure UNICEF remains operationally oriented and rights-based. The country office will move from Lagos to the United Nations House in Abuja by 2003. The new six-year cycle will ensure harmony of programme cycles and improve joint programming within the country team. Collaboration with selected NGOs and community-based organizations as implementing partners will continue. Stronger links with the NPC and promotion of intersectoral oversight through regular interministerial meetings will be pursued. Resources will be mobilized by the Government and UNICEF, promoting co-financing with key allies (e.g., the United States Agency for International Development, European Union, Department for International Development (United Kingdom), the United Nations Fund for International Partnerships, and the Governments of Canada, Japan, Norway and Sweden), which should be possible to a greater degree than in recent years. Cross-sectoral costs will cover general operational needs, for example, in supply and logistics. UNICEF will advocate for increased government commitments to priority areas for children and will build on positive private sector resource mobilization.

Estimated programme budget

Estimated programme cooperation, 2002-2007*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Survival and early childhood care	30 050	29 520	59 570
Integrated growth and development	20 310	17 640	37 950
Protection and youth participation	13 500	5 940	19 440
Planning and communication	22 540	2 880	25 420
Community development	18 700	8 820	27 520
Cross-sectoral costs	18 606	7 200	25 806
Total	**123 706**	**72 000**	**195 706**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.